



Reportable Event Training

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DHMH Medicaid

Home and Community Based Services (HCBS) Programs

CMS requires states to have a quality improvement system for Medicaid Home and Community-Based (HCBS) Programs.

RE Review Unit focuses on Health and Welfare Assurances Community Options waiver, Increased Community Services, Community First Choice and Community Personal Assistance Services programs.

▪Participant Health and Welfare Assurances

- ☐ The State assures CMS necessary safeguards are in place to protect the health and welfare of program participants.
- ☐ Instances of abuse, neglect, exploitation and unexplained death are identified, addressed and attempts are made to prevent future occurrences.

▪Performance Measurements for Health and Welfare Assurances

- ☐ Evidence based reporting required.
- ☐ State must implement quality improvement projects to address areas of weak performance.



RE Review Process

▪ Provide oversight and monitoring

- Partner entities have appropriately addressed the RE situation.
- The participant's safety following an event has been secured.
- Documentation is maintained on the event so state can meet Federal reporting requirements.
- Prevention has been properly addressed.

▪ Data Collection

- Analyze trends and need for quality improvement in HCBS programs.
- Assure accuracy and validity of data reported.

▪ Quality Assurance

- Health, safety and welfare of participants.
- Participant quality of care/service complaints.
- Participant rights and choice are safeguarded.



Coordination of Care

Participant Health, Safety and Welfare



- ☐ Each entity is required to report.
- ☐ Nurse Monitors and Assessors may submit REs in LTSS. If NM or Assessor is first to learn of alleged A/N/E, they are required to report it.
- ☐ Submission of Event Report and/or Intervention & Action Plan.
- ☐ Support Planners submit most REs into LTSS.
- ☐ Nurse monitors, Assessors, Supports Planners must share information.
- ☐ Providers are required to report to support planners.
- ☐ DHMH is responsible for oversight and monitoring responsibility.



Thorough Reporting

■ RE report provides information:

- **What** happened? Explain in detail.
- **Who** witnessed or was involved?
- **When** did it happen?
 - ***Event Date is required***
 - Estimate if necessary.
 - Events on different date needs separate RE.
- **Where** did it happen? Home, ALF, Day Care?
- **Why** did it happen?



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■ Medicaid reviewer needs clear understanding of the event:

- Explain circumstances surrounding event.
- Be complete, clear, concise and accurate.
- Complete ALL sections with useful detail.
 - ***Please do not "COPY & PASTE" the same information.***
- Attachments provide additional information but do not substitute for what needs to be reported in each report section.



RE Time Requirements

- **Immediate Jeopardy (IJ)** - An Immediate Jeopardy event poses an immediate and serious threat of injury, harm, impairment, or death to a participant.
 - **Immediate notification** to APS, CPS, Law Enforcement.
 - **Within 24 hours** to DHMH - DHMH.REunit@maryland.gov.
 - On-site visit Required for IJ RE.
 - Within one business day if participant's safety may still be in jeopardy.
 - Within two business days when the supports planner knows the participant is safe.
- **RE Report**
 - Event Report is due within 2 business days and Intervention & Action Plan must be submitted within 7 business days.
 - Adherence to time requirements is important to RE policy compliance.



RE Report in LTSS

RE Preparation

- Click “Add” from Reportable Events – List page. RE is now “In Progress.”
- REs are submitted for participants, *not applicants*, enrolled in these programs:
 - Community Options Waiver
 - Community First Choice
 - Community Personal Assistance Services
 - Increased Community Services
- Click “Start” for each sub-section in the Event Report
- Enter detailed information, then click “Save.”
- “RE will be “In Progress” until the Event Report is submitted.



Incident Types

Select appropriate Incident Type

- Report multiple incidents on same Event Date – for example, fall, fracture, ER.
- Incidents on different dates need separate REs – for example, death and hospitalization.

NOTE: ER and hospitalization cannot both be selected

Alleged Incidents

Abuse

- ☐ Physical
- ☐ Sexual

- ☐ Verbal
- ☐ Emotional

Neglect

- ☐ Nutrition
- ☐ Medical

- ☐ Self
- ☐ Environment

Accident/Injury (Requiring Treatment beyond First Aid)

- ☐ Fall
- ☐ Fracture
- ☐ Burn

- ☐ Laceration/Wound
- ☐ Emergency Room Visit
- ☐ Other

Hospitalization/Death

Hospitalization:

- ☐ Anticipated
- ☐ Unanticipated
- ☒ Not Applicable

In-Patient Psychiatric Hospitalization:

- ☐ Anticipated
- ☐ Unanticipated
- ☒ Not Applicable

Death:

- ☐ Anticipated
- ☐ Unanticipated
- ☒ Not Applicable

Suicide/Abandoned/Missing

- ☐ Suicide
- ☐ Suicide Attempt

- ☐ Abandonment
- ☐ Elopement/Missing Person

Exploitation

- ☐ Financial
- ☐ Theft
- ☐ Rights Violation



All Incident Types

- **What happened?**

- Provide details of incident & people involved, including witnesses.

- **Address Participant's safety needs**

- How will participant's safely be assured?
 - How was information obtained – onsite visit? details from family & provider?
 - What follow-up has been or will be taken?

- **Documentation**

- Behavioral health & substance abuse issues.
 - Participant's level of compliance.
 - Appropriate follow-up that has been or will be taken.

- **Prevention**

- What has been done to prevent future occurrence of similar incidents?



Event Information

- **Event Date** – provide the most accurate date available. Can estimate based on facts at hand.
- **Event Type**
 - Incident** - Select when report involves an incident only.
 - Complaint** - Select when report involves a complaint only.
 - Both** - Select when incident *AND* complaint indicators are reported.
- **Provider List**
 - *Must be completed when provider is “Involved” or “Present”*

Reportable Event

Event Information

Event Date:	<input type="text"/>
Event Time:	<input type="text"/>
Event Type: *	<div>Incident ▼</div>
Start Date of Service Interruption:	<input type="text"/>
End Date of Service Interruption:	<input type="text"/>
Event Address: **	<input type="text"/>
Jurisdiction/County: **	<input type="text"/>

Please ensure that the jurisdiction matches the "Event Address" above.

Provider List

+ Add New Provider

+ Add Existing Provider



Event Report

What immediate actions were taken?

Who witnessed and was involved?

What is the Diagnosis (ER & hospitalizations).

Current status of participant.

Other important information that helps describe the event such patterns or incidents that may have occurred previously.

Upload attachments to provide more details if available but not as a substitute for narrative.

Description of Event(s)

Immediate actions taken to safe guard the participant: **


Names and title(s) of individual(s) present at time of event: **

Diagnosis: (For ER visits and hospitalizations):

Current status of the participant prior to submission of this report to the Support Planner: **

Any other important information that fully describes the event: **

Attachments

 Note: "Attached documents" are considered as either physical/paper attachments or electronically uploaded files.

Are there additional documents attached? **

☐ Yes ☐ No

Intervention and Action Plan

FINDINGS

- Explain what happened.
- Document in detail significant findings.

INTERVENTIONS

- Detail what was done to remedy incident.
- Action steps are identified.
 - Found new ALF.
 - Physician contacted and medication changed.
 - Review the status of mental health services that the participant may be receiving.

FOLLOW-UP

- What follow-up has been done?
- What follow-up is planned?
- What are the time frames for follow-up?
- Include details.

Additional Information _____

Findings: **

Interventions: **

Follow-up: **

Is there a Corrective Action Plan? ** _____

☐ Yes ☐ No

Related RE Number:

Validate



Serious Reportable Events

- ❑ The State must demonstrate on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.

- ❑ **Abuse/Neglect/Exploitation– Substantiated/Unsubstantiated**
 - APS/CPS/Law Enforcement must be notified.
 - Follow-up efforts are necessary and need to be documented.
 - Indicators in Event Report and/or Intervention and Action Plan.
 - Must be clear that problem has been remediated to the point of ensuring the participant's safety.
 - *DOCUMENT* if attempts to get more information are unsuccessful.
 - *Participant must be the victim* - if not, use “Other Alleged Incidents.”



REs for Participant Death

☐ Death –Explained/Unexplained

- Circumstances/details of death must be provided.
 - Accident? Diagnosis? ER?
- **Unexplained Death requires greater detail** - An unexplained death would be a death suspected to have occurred from other than natural causes, including deaths potentially related to the abuse or neglect of the participant.
 - If death is not from natural causes, note if abuse or neglect may have been contributory .
 - *DOCUMENT* if attempts to get more information are not successful and the reason for this.
 - *Prior to SP being taken off assignment* - All REs must be fully completed.

Other Incidents

☐ Hospitalization and ER Visit

- Name of Facility.
- Admission & Discharge Dates.
- If admission through ER, only hospitalization incident type should be selected.
- Start/End Dates of Service Interruption - required for hospitalization.

☐ Accident and Injury

- Requiring treatment beyond first aid.
- “Other” accident or injury needs to be specified.

☐ Falls

- **Seriousness:** 20% of falls result in injury; causes 95% of hip fractures (CDC Reports)
- **Common risk factors:** vision changes; health conditions; medication; clutter
- **Fall Prevention**
 - Appropriate assistive devices, talk to doctor, make home safer.
 - Counsel participant, family and/or providers.
- **NOTE:** Pattern of falls need to be reported.

☐ Other Alleged Incidents

- Should not duplicate another incident category.
- Provide an explanation of incident – example, suspected provider fraud.



Complaint Reporting

- **Quality of Care/Service Issue**

- Includes participant complaints regarding attendant care services such as provider not showing up, not staying for whole shift, provider sleeping on the job, etc.

- **“Other” Complaint**

- Selected when quality of care/service issues are not involved.
- Include a description of the incident.
- *Do not duplicate incident type already reported.*
- Complaint must be concerning the Participant.

Reportable Event

Check/Enter all that apply

Complaint Type

- ☐ Quality of Care/Service Issue
- ☐ Other

Complainant Information

Complainant's relationship to participant:

Provider

Name of Complainant:

Phone:

Ext:

Email Address:

Address:

City:

State:

Maryland

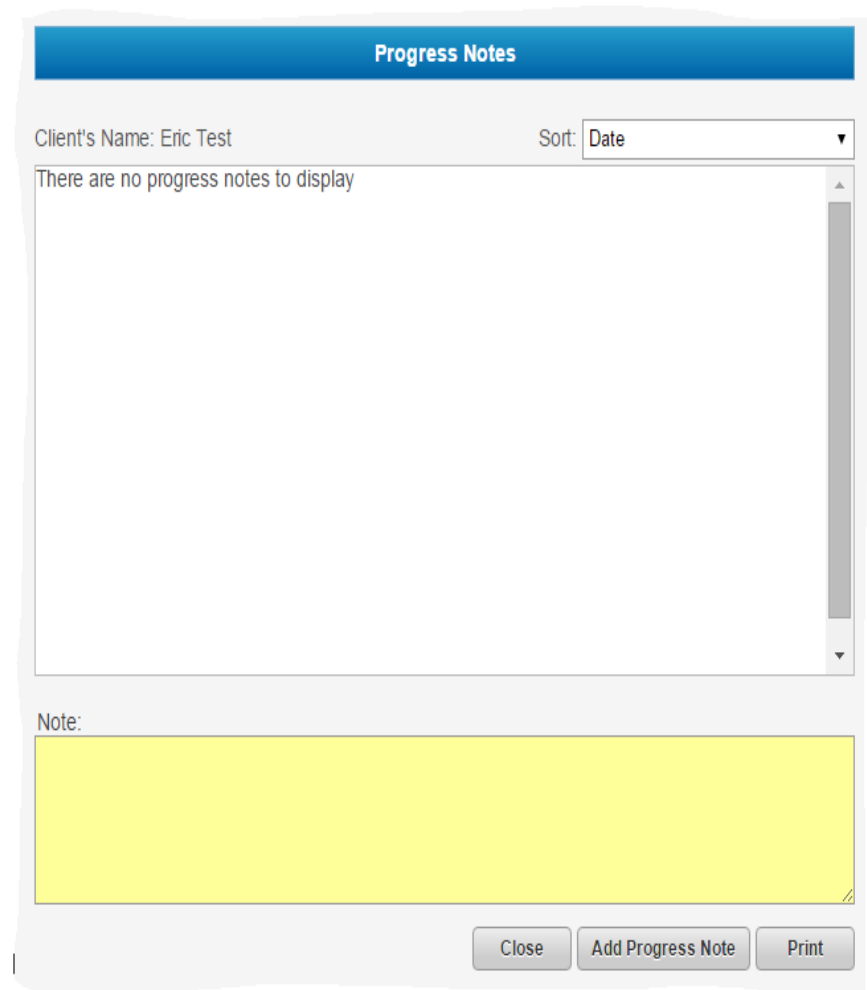
Zip:



Progress Notes

Purpose

- **Communication**
 - Supports Planners
 - DHMH reviewers
 - Nurse Monitors
 - Nurse Assessors
- **Provide additional information**
- **Provide documentation of follow-up**
- **Correct inaccurate information**
- **Provide updates**



The screenshot shows a web application titled "Progress Notes". At the top, there is a blue header bar with the title. Below the header, the interface is divided into several sections. On the left, there is a label "Client's Name: Eric Test". To the right of this label is a "Sort:" dropdown menu currently set to "Date". Below these elements is a large rectangular area with a light gray background and a vertical scrollbar on the right. Inside this area, the text "There are no progress notes to display" is centered. Below this large area is a section labeled "Note:" followed by a large yellow rectangular text input field. At the bottom right of the interface, there are three buttons: "Close", "Add Progress Note", and "Print".



Medicaid Reportable Event Review Staff

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Principal reviewers at this time are:

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